

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

343
Lobbyist Registration Number

FOR OFFICE USE ONLY  
Postmark Date: 1/28/07Reg. 2007  
#2691  
\$110  
Wm;

1062047

**Instructions**

1. Print in ink or type.  
 2. Complete form and return with \$110 registration fee to the Board of Ethics, 1415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.  
 3. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Barron Kate  
Last First MI2. BUSINESS PHONE (337) 326-6330  
Area Code and Phone Number3. BUSINESS ADDRESS \_\_\_\_\_  
Street and No. City State ZipMAILING ADDRESS 1360 Moss St. New Orleans LA 70119  
Street and No. City State Zip4. EMPLOYER OXFAM AMERICA5. EMPLOYER'S ADDRESS 226 Causeway St. 5<sup>th</sup> Floor Boston MA 02114  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name OXFAM AMERICAAddress 226 Causeway Street, 5<sup>th</sup> Floor Boston MA 02114Business or purpose Non-profit Advocacy, Humanitarian Delivery & ReliefDoes this person pay you? Yes

If No, who pays you? \_\_\_\_\_

2007 JAN 29 PM 1:59  
 LEBAS REGISTRATION  
 CAMPAIGN FINANCE  
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# LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

